

ESTABLISHED BY THE KY GENERAL ASSEMBLY IN 1990

OUR MISSION



The Kentucky Board of Respiratory Care is a Government Agency that regulates respiratory care practitioners and their services. The KBRC was established in 1990 to protect the citizens of the Commonwealth of Kentucky from

WE LISTEN TO EVERY BREATH YOU TAKE

KBRC NEWSLETTER

2015 –2016 Fall/Winter

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listed below.

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online at: <http://kbrc.ky.gov>

The KBRC is now on:



T H E 2 0 1 6 R E N E W A L

The KY Board of Respiratory Care with the assistance of KY. Gov announces online licensure renewal for respiratory therapists beginning on November 1, 2015. We strongly encourage you to use this service. **We are very pleased to offer you the ability to print your renewal I.D. card before you exit the online renewal window.**

The KBRC has made changes that will streamline the renewal process and remove some issues regarding CEU acceptability. There will be a permanent box that will show the ACLS, PALS, NRP, NPS, ACCS, RRT, CRT Recredentialing and RRT Recredentialing acronyms that can be typed inside the course number box. Again, the standard 8 and 9 digit numerical values for approved courses by the KBRC and AARC will also be allowed. Example: type ACLS into the course number box and type 10 in the CEU amount box. Any other CEUs that have 8 or 9 digits you will simply input those digits into the course number box only. Any other combination will be rejected. (Example of CEU that will be rejected: CEP245678) The date box for CEUs will have a two-year (2) limitation. If dates do not comply with the KBRC rules and regulation, then those CEUs will be rejected. Please also remember to print your receipt and your new I.D. renewal card when you finish the renewal. These guidelines are in place to avoid problems with CEU issues before the therapist completes the renewal. If you have questions, please contact the Board office at 859-246-2747 for assistance. A paper form is provided for any therapists that need to renew by mail. On Nov. 1, 2015, a link will appear on the KBRC website that will allow you to print a 2016 renewal form. (Be aware that the same criteria stated above will also comply on the renewal paper forms you submit by mail and will be overviewed by the KBRC).

Note* If you renew in 2016 and do not have twenty four CEUs by Dec. 31, 2015 then be prepared for the following consequences :

Fine of \$250.00 for therapists who were not slated for audit and double the amt. of CEUs not completed.

Fine of \$500.00 for therapists who were slated for audit and double the amt. of CEUs not completed.

AARC Makes Changes in Dues Structure

2001 was a memorable year for many reasons. The iPod first came on the market. Wikipedia was launched on the World Wide Web. Changes and fears came about to economic situations, financial markets, and national security in this country.

And 2001 was also the year that AARC last raised its dues for members. Now we find that simply to meet the ever-growing expenses of doing business, we're at a point where dues must be increased.

But never fear, you have time to lock in current rates and extend your membership for a year or more, by renewing now — before Sept. 30.

“We never like to raise our rates and that's why we've not done it for many, many years,” said Sherry Milligan, Associate Executive Director of Membership. “The addition of new programs and the cost of delivering services necessitates an increase at this time.” She noted that had the \$90 fee kept pace with inflation, it would today represent \$127.

As we look back to 2001, AARC itself has changed into a different organization, offering more services and benefits than ever. These programs, now popular features of membership, have developed in recent years.

- Live Webcasts
- QRQR Program
- Benchmarking Services
- AARC University
- Web Memberships for Students
- Digital-Print Options for all members
- Refreshed website
- Community service involvement
- Contemporary resource materials (Ebola, H1N1 Flu, Ventilator Stockpile training)
- Ethics courses to meet state requirements
- NBRC examination discount

Beginning Oct. 1, the following rates will be charged.

Level of Membership Current Rate Rate After Oct. 1

Print Level — receive AARC Times and Respiratory Care \$90.00 \$99.00

1+1 — choose one publication to be mailed; one to view online \$84.25 \$94.00

Digital — view both publications online \$78.50 \$89.00

AARC Mourns the Loss of Forrest M. Bird

By Michael Jones



The American Association for Respiratory Care (AARC) lost its oldest living member on Aug. 2, 2015, when Forrest Bird, MD, PhD, ScD, FAARC, passed away in Sagle, ID at the age of 94.

Dr. Bird is known the world over for inventing the first modern ventilator in the 1950s. The device saved thousands of lives and is responsible for laying the groundwork for the sophisticated computer controlled ventilators in use in hospitals across the country and around the world today.

“Dr. Bird was truly a pioneer in respiratory care and pulmonary medicine,” says Frank Salvatore, MBA, RRT, AARC President. “The respiratory therapy care community has been privileged to have known him as a fellow member and colleague.”

The legendary physician received numerous honors and awards for his life’s work, including the Presidential Citizens Medal, National Medal of Technology and Innovation, and Lindbergh Award. He was inducted into the U.S. Inventors Hall of Fame in 1995.

Dr. Bird first became interested in mechanical ventilation when he served as a pilot during World War II. While flying a captured German plane back to the U.S. he noticed some demand regulators used to deliver oxygen to the pilots. After running some experiments on them during the flight he took one of the devices with him to California and began working on improvements, eventually presenting the results to physicians at the School of Aviation Medicine in San Antonio, TX.

That early work with mechanical ventilation in the aviation arena segued into an interest in the medical field and he built the Bird Mark 7, the first modern respirator for use in critically ill patients. In 1970, he introduced the Baby Bird®, a ventilator that’s been credited with reducing the mortality rate for infants with respiratory problems from 70% to less than 10%.

Other innovations in mechanical ventilation followed, and throughout his long career he continued to add enhancements to his devices aimed at allowing the physicians and respiratory therapists who applied them at the bedside to save the lives of patients who otherwise would not have survived their critical illnesses or injuries.

“Respiratory therapists who provide mechanical ventilation to even the most difficult cases can trace that ability back to the work of Dr. Bird,” says Tom Kallstrom, MBA, RRT, AARC Executive Director and CEO. “We are truly grateful for the many years of advice and guidance he provided to our profession and organization as we worked to bring state-of-the-art mechanical ventilation techniques to patients in need.”

Dr. Bird established the Forrest M. Bird Lifetime Scientific Achievement Award with a grant to the American Respiratory Care Foundation (ARCF) in 1983 to recognize outstanding individual scientific contributions in the area of respiratory care of cardiopulmonary disorders. The award is presented during the AARC International Respiratory Convention & Exhibition.

The AARC honored Dr. Bird with its highest honor, the Jimmy A. Young Medal, in 2009.



Texas Bill SB202 Passes; Licensure Remains Intact

Good news came out of Austin last week, with the governor's signing of SB202 that continues licensing for respiratory therapists. "Our congratulations to the TSRC and AARC members in Texas," said Frank Salvatore, AARC President. "We know they worked very hard to make this happen."

Russell Graham, TSRC President, led the charge to ensure licensing remained in place for respiratory therapists, after a Texas Senate committee questioned the value in maintaining that licensing board for RTs and 19 other occupations in the state.

Through grassroots efforts, appearances before the Texas legislature, letter-writing campaigns, visits to Texas legislators and more, a year-long effort to solidify licensure in the state paid off. AARC staff members also made a visit to Austin to testify before the committee in hearings last year.

The Texas bill, SB202, moves the administration of respiratory therapy licensure out from the umbrella state licensing agency where it has been for decades directly to the Texas Medical Board, a change heralded by many involved in the licensing process. Under the Medical Board a Respiratory Care Advisory Council will be created to address important issues to the profession and collaborate with the Medical Board.



NEWLY APPOINTED KBRC BOARD MEMBER

Mr. James R. McCormick, M.D.

I was born and raised in Bridgeport, Connecticut and graduated from Fairfield University in 1968. I was a member of the first class of the University of Connecticut Medical School and completed residency in Internal Medicine at Case Western Reserve's University Hospitals of Cleveland in 1975. I trained in Pulmonary Medicine at St. Francis Hospital in Hartford, CT and then did an NIH post-doctoral fellowship in Lung Immunopathology at the University of Connecticut. I served as Section Chief of Pulmonary at the Newington VA Medical

Center and Assistant Professor of Medicine at the University of Connecticut from 1978-1983. Thereafter, I was Section Chief of Pulmonary at the August, Georgia VAMC and Associate Professor of Medicine at the Medical College of Georgia. I became full Professor in 1988 and was Associate Chief of Staff for Ambulatory Care at the VA from 1988-1991. My research interests concerned inflammatory and interstitial lung diseases including mechanisms behind pulmonary fibrosis (scarring) and septic shock.

In 1991, I moved to become Chairman of Medicine and Program Director of the Internal Medicine residency at Berkshire Medical Center and Professor of Medicine at the University of Massachusetts. To make our way back to warmer climate, we moved to the University of Kentucky in 1994 where I am a tenured Professor. I was Associate Chief of Staff for Education and Chief of Pulmonary at the VAMC here until 2007. I served as Division Chief of Pulmonary, Critical Care and Sleep Medicine from 2007-14 and now work in the outpatient area of our practice. My clinical interests include inflammatory and interstitial lung diseases and obstructive lung disorders. I am Medical Director of the BCTCS Advance Practice Respiratory Therapist Program.

My wife of many years is an Infectious Disease physician at the University. We have six children, four with wonderful spouses, and four grandchildren and are endeavoring to make more time to see them all.

It has been our pleasure to live and work here for more than 20 years and it is my privilege to serve on the Kentucky Board of Respiratory Care.

Cancer treatment developed at UK approved for clinical trials

Lexington, Ky. – An investigational medical device for the treatment of late stage lung cancer, pioneered by researchers at University of Kentucky, has been approved for clinical trials by the Food and Drug Administration (FDA). UK is the only site in the country approved to test this new treatment on advanced lung cancer patients.

The Exatherm Total Body Hyperthermia System (Exatherm-TBH) was developed at UK in a public-private partnership with Exatherm Inc. The project is supported by grant funding from the National Institutes of Health.

The research team includes Dr. Jeremiah Martin, surgical director of the UK Markey Cancer Center's Multidisciplinary Lung Cancer Clinic; and Dr. Kevin Hatton, chief of anesthesiology critical care at UK.

"Cancer cells are more susceptible to damage from heat than normal tissue, so the development of a safe method to deliver heat throughout the body may be a key step forward for advanced lung cancer patients," Martin said.

Whereas most thermal treatments are specific to the area of the body where a tumor is located, UK researchers are examining total body hyperthermia, a treatment utilizing a perfusion circuit that circulates the blood through the patient's vascular system at a target temperature.

"Patients with advanced lung cancer, who have completed standard therapy and for whom there are no additional conventional options, are invited to learn more about this trial," Martin said. "This initial safety trial will lay important groundwork for patients with other tumor types in the future."

The goal in any cancer treatment is to attack the diseased cells and leave the healthy cells alone. Healthy cells have a signaling mechanism that protects them from increases in body temperature. This mechanism is defective in cancer cells, which the potential new treatment aims to exploit.

The treatment, which lasts approximately four hours under a general anesthetic, uses the Exatherm-TBH System to heat and circulate the blood throughout the body. The device heats the patient's blood to a temperature of 42 degrees Celsius, or about 107 degrees Fahrenheit.

Because systemic hyperthermia attacks cancer cells throughout the body all at once, the research team hopes the project will lead to a new and safe method for treating patients whose cancer has metastasized through the body.

"If results meet our expectations, the approach would present an advantage over other methods of thermal treatment, particularly in later stages of the disease," said Martin.

Patients who want to find out if they are eligible to participate in this study may visit UKClinicalResearch.com or call the division of UK Cardiothoracic Surgery at 859-323-6494.

Learning to Sleep with a CPAP Machine



Many people have had a bout with snoring, but for those with sleep apnea, treatment is required for what is considered a chronic respiratory issue. When those with sleep apnea slumber, there are pauses between breaths, which can occur in excess of 20 times in an hour. These pauses cause patients to shift from deep sleep to light sleep, sometimes awakening them when they pause in breathing. This poor sleep has serious implications for long-term health, and can disturb the sleep of a patient's bed partner as well.

Because untreated sleep apnea can contribute to risks of high blood pressure, heart failure, weight issues, diabetes and even driving accidents, it's important that sleep apnea is treated.

For many patients with sleep apnea, effective treatment can be found with Constant Positive Airway Pressure (CPAP). A CPAP treatment is done using a CPAP machine. The machine will keep the airway open while a patient sleeps, allowing them to become better rested and more attentive when awake. Getting used to sleeping while wearing a CPAP machine can be daunting to patients new to using them. The fit of the CPAP mask, which is how the continuous air is delivered, is one of the most important ways patients can make using one more comfortable. Instead of giving up on the machine and mask, patients should bring up the ill-fit situation with their doctors. A different kind of mask, or fit adjustments, are both possible ways to address uncomfortable masks. Newer CPAP masks are often more comfortable than older models.

Working up to wearing the CPAP mask for a full night can also be done in intervals, to get used to the fit and sensation of CPAP treatment. By wearing the mask for short periods while awake, patients can then build up to wearing it while awake with the air pressure on, finally building up to wearing it during naps, and then using it for full nights of sleep. Adjusting the rate the air flows through the mask can also help building tolerance to using the CPAP machine during sleep. Patients can have the flow adjusted by their doctor, which can have the machine set to gradually increase air pressure over the night. Because a mask that "leaks" air can contribute to dry nose and mouth, it's important to keep track of how well your mask fits over time. A spritz of nasal saline before bed can also help mitigate nasal dryness. Some patients do require a heated humidifier CPAP attachment to alleviate the symptoms of dry nose and mouth.

Patience while starting CPAP therapy is essential to achieving positive results. Getting used to the mask may take time, and the benefits of the therapy may not be obvious early on.



NEW MEMBER OF THE KBRC BOARD



I have been a Respiratory Therapist for 22 years and spent the majority of my career at University of Louisville Trauma Hospital. I currently work at the Robley Rex VA in Louisville KY and manage respiratory therapy, sleep, PFT, and EEG. I received my Bachelor's Degree from Northern Kentucky University and am a member of CoBGRTE and AARC.



IMPORTANT DATES & EVENTS



KBRC Upcoming Board Meeting Dates For 2015

Thursday, October 15, 2015 @ The Chop House @ 2640 Richmond Rd, Lexington, KY 40509 @ 5:45 p.m.

Thursday, December 10, 2015 @ Sal's Chophouse @ 5:45 p.m. 3373 Tates Creek Rd. , Lexington KY 40502

The KSRC 's Annual State Meeting

Location is at the Ramada Conference Center in Lexington, KY.
October 7-9, 201512 CEUs are given. You can make reservations by calling the Conference Center at (859)-299-1261





If you did not get a chance to read the last issue of the KBRC Newsletter, You can still find it available at the KBRC website: <http://kbrc.ky.gov>

The KBRC website can help you find answers regarding your licensure, scope of practice, continuing education and verification questions. You may contact us at: (859) 246-2747 Fax: (859) 246-2750 with questions or inquiries.

The KBRC Newsletter is produced by Rick Rose, edited by Peggy Lacy Moore.

The KBRC Board is self-supporting and receives no general fund tax appropriation. It is funded through fees assessed for licensing its professionals.

If you want to file a complaint or address an issue of concern to the Board, submit a written statement with as much detail as possible including your name, names involved in the complaint or issue, phone numbers and summary of your complaint and mail to the KBRC office at the address below. Attention: Peggy Lacy Moore, Executive Director.

**KENTUCKY BOARD OF RESPIRATORY
CARE**

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